

RECEIVED
CENTRAL FAX CENTER

JAN 28 2009

Patents + TMS
2849 W. Armitage Ave.
Chicago, IL 60647
Tel.: 773/772-6009
Fax.: 773/772-3210
www.patents-tms.com

Facsimile Cover Sheet

Date: 1/28/2009

TO: U.S. Patent and Trademark Office

FROM: Stephen T. Scherrer

RE: Attorney Docket No. ECS-P-09-001
Transmittal Form (1 pg.)
Revocation of Power of Attorney with a New Power of Atty
and Change of Correspondence Address (1 pg.)

FAX: (571) 273-8300

NO. OF PAGES INCLUDING THIS SHEET: -- 3 --

CONFIDENTIALLY NOTICE

THIS FAX TRANSMISSION CONSISTS OF CONFIDENTIAL AND/OR ATTORNEY CLIENT PRIVILEGED AND/OR ATTORNEY WORK PRODUCT INFORMATION, AND IS INTENDED FOR THE ADDRESSEE ONLY. IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT US TO ARRANGE FOR THE RETURN OF THIS MATERIAL. ANY USE OF THIS MATERIAL BY ANYONE OTHER THAN THE ADDRESSEE INDICATED ABOVE IS STRICTLY PROHIBITED.

If you have any problems with this transmission, or if you do not receive all pages, please contact us at the number listed above.

JAN 28 2009

PTO/SB/21 (12-08)

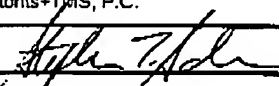
Approved for use through 01/31/2009, OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

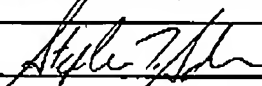
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/679,075	
	Filing Date	October 3, 2003	
	First Named Inventor	DURHAM, Steven	
	Art Unit	3633	
	Examiner Name	A. Phi Dieu Tran	
Total Number of Pages in This Submission	3	Attorney Docket Number	ECS-P-00-001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover (1 page)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Patents+TMS, P.C.		
Signature			
Printed name	Stephen T. Scherrer		
Date	January 28, 2009	Reg. No.	45,080

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Stephen T. Scherrer	Date	January 28, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

JAN 28 2009

PAGE3

Print Form

PTO/SB/81 (11-08)
Approved for use through 11/30/2011, OMB 0551-0033
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/679,075
	Filing Date	October 3, 2003
	First Named Inventor	DURHAM, Steven
	Title	Energy Generating System and Method
	Art Unit	3533
	Examiner Name	A. PHO DIEU TRAN
Attorney Docket Number	100-P-09-001	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

29013

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

☐ The address associated with Customer Number:

☐ Firm or Individual Name

Address

City State Zip

Country

Telephone Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

Signature	Steve Durham	Date	JAN 22, 2009
Name	Steve Durham	Telephone	904-680-1693
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the submission to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.